

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJessica BerkRECEIVED  
SDNY PRO SE OFFICE

2016 JUN -7 PM 2:54

S.D. OF N.Y.  
COMPLAINT

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York  
(NYPD) 6th PrecinctJury Trial: ☒ Yes ☐ No  
(check one)Sgt. Jane Doe (1)  
Off. John Doe (1)  
Off. Jane Doe (1)  
Off. Jane Doe (2)  
Off. John Doe (2)  
Sgt. Jane Doe (2)  
Lt. John Doe

16CV4252

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Jessica Berk

Street Address

95 Christopher St. #15-H

County, City

New York

State &amp; Zip Code

N.Y. - 10014 -

Telephone Number

(646) 664-5856

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2      Name \_\_\_\_\_  
                              Street Address \_\_\_\_\_  
                              County, City \_\_\_\_\_  
                              State & Zip Code \_\_\_\_\_  
                              Telephone Number \_\_\_\_\_

Defendant No. 3      Name \_\_\_\_\_  
                              Street Address \_\_\_\_\_  
                              County, City \_\_\_\_\_  
                              State & Zip Code \_\_\_\_\_  
                              Telephone Number \_\_\_\_\_

Defendant No. 4      Name \_\_\_\_\_  
                              Street Address \_\_\_\_\_  
                              County, City \_\_\_\_\_  
                              State & Zip Code \_\_\_\_\_  
                              Telephone Number \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

False Arrest, False Imprisonment  
Malicious Prosecution, Abuse of Process

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

## III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur?

In my Apt.

B. What date and approximate time did the events giving rise to your claim(s) occur?

Around 11:AM on MARCH 31, 2014.

C. Facts:

What happened to you?

A gun was planted in my home which the police seemed to know would be found, since they arrived prior to that. They then coached a Bystander to lie, while letting the Real Witness Go. (Illegal)  
The Sgt had the officers place me under Arrest. Then illegally searched my home. She also locked up my house, they evicted my domestic partner, with my dog.

Who did what?

Was anyone else involved?

Who else saw what happened?

My Partner.

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I am still experiencing Panic Attacks, Insomnia, & fear of my door being Kicked In.



**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. \$2 million

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7th day of JUNE, 2016

Signature of Plaintiff

Mailing Address

Telephone Number

~~Fax Number (if you have one)~~

Jessica Berk  
95 Christopher St  
Suite 15+H  
New York, New York  
- 10014 -  
(646) 664-5856

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_